

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Schwarz et al.

Serial No.: 09/607,827

For: DEVICE AND METHOD FOR THE DETERMINATION OF THE
QUALITY OF SURFACES

Filed: June 30, 2000

Examiner: Gordon J. Stock, Jr.

Art Unit: 2877

Confirmation No.: 2208

Customer No.: 27623

Attorney Docket No.: 548.0011USU

REQUEST FOR EXTENSION OF TIME

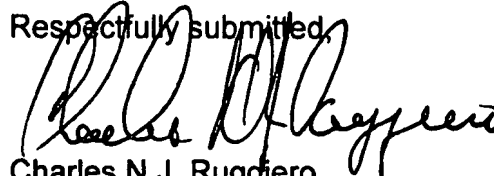
**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir:

This is a petition for extension of time for a total period of three (3) months.
Based on the extension requested, the extended period for response will expire on
April 19, 2007.

A check in the amount of \$1,020.00 is enclosed with this Petition. The
Commissioner is hereby authorized to charge any fees or credit any overpayment, to
Deposit Account No. 01-0467. A duplicate copy of this Request is enclosed.

Respectfully submitted,



Charles N.J. Ruggiero

Reg. No. 28,468

Attorney for Applicant(s)

Ohlandt, Greeley, Ruggiero & Perle, L.L.P.

One Landmark Square, 10th Floor

Stamford, CT 06901-2682

(203) 327-4500

Date: April 18, 2007

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 08/15/07		2 Serial/Patent # 09/607,827									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
X	Extension of Time	wfee	04/20/07	\$ 1,020.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 1,020.00							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	X	Credit Deposit A/C #:								
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>1</td><td>--</td><td>0</td><td>4</td><td>6</td><td>7</td> </tr> </table>			0	1	--	0	4	6	7
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Extension submitted after extendable period.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Sherry D. Brintley		TITLE: Petitions Examiner									
SIGNATURE:		PHONE: 2-3204									
OFFICE: Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED:		DATE: 8/16/07									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: